

Name  
in  
Full

Fannie Ann Boon

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> *Milota*<sup>County</sup> *Kent.*

MARYLAND

Date

of death *1907*

Month

*Nov.*

Day

*21*

Age

Years

*69*

Months

*7*

Days

Sex

*Female*Color or  
Race*White*Birth-  
place*Md.*

Occupation

*Housework*Where Residing if not  
at place of deathMarried, Single  
or Widowed*M.*Name of Wife or  
Husband*R. S. Boon*Father's  
Name*Johnathan Faircliff*Father's  
Birthplace*Md.*Mother's  
Maiden Name*Amanda Cox*Mother's  
Birthplace*Md.*Name of person giving  
Information*Walter Cooper*How related  
to deceased*Law in Law*

## CAUSES OF DEATH

Primary

*Paraplegia Right Side*

How long

*3 days*

Immediate

*Paraplegia*

How long

*24 hours*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Frank W. Smith*

Address

*Fairlee Md.*

Accident or Suicide?

*No*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER**66**

Chester

Name  
in  
Full

W. Thomas Chambers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

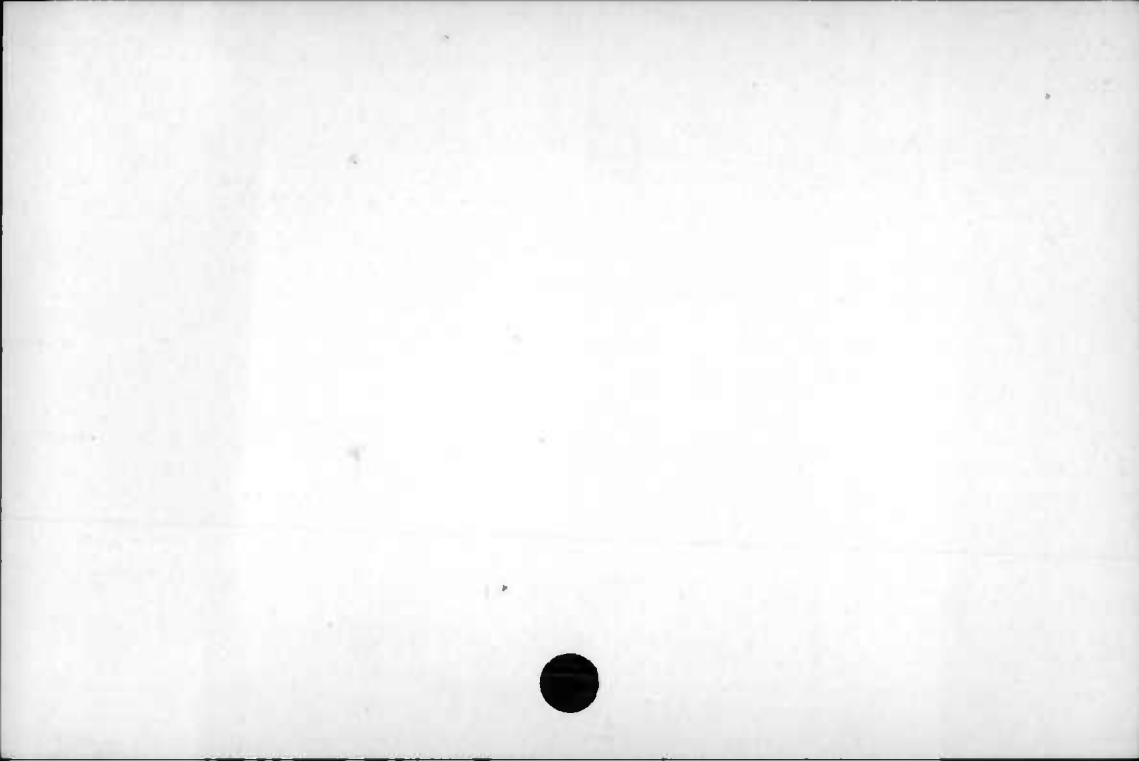
Died at <u>Christstown</u> <small>Town</small>		<u>1 Kent</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u> <small>Month</small> <u>Nov</u> <small>Day</small> <u>10</u>		Age <u>37</u> <small>Years</small>		Months <u>      </u> Days <u>      </u>	
Sex <u>Male</u>		Color or Race <u>Cool</u>		Birth-place <u>Ind</u>	
Occupation <u>Hostler</u>		Where Residing if not at place of death <u>      </u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>      </u>			
Father's Name <u>Frank T. C. Chambers</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Hornett Gale</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>Father</u>		How related to deceased <u>      </u>			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<u>Pneumonia (double)</u>	How long	<u>9 days</u>
Immediate	<u>Cardiac failure</u>	How long	<u>one hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>H. J. Sumner</u>	
		Address <u>Christstown</u>	
Accident or Suicide? <u>No</u>			



Name  
in  
Full

Harry B. E. Dickerson

Copied

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Cliffs* Town*Kent* CountyDate of death *1907* *Nov* Month

Day

Age

Years

Months

Days

*10**3*Sex *Male*Color or  
Race*White*Birth-  
place*Cliffs Md.*

Occupation

*Infant*Where Residing if not  
at place of death*Cliffs*Married, Single  
or Widowed☒Name of Wife or  
HusbandFather's  
Name*Wm E Dickerson*Father's  
Birthplace*Pomona Md*Mother's  
Maiden Name*Emma Sagg*Mother's  
Birthplace*Pomona Md.*Name of person giving  
In formation*W E Dickerson*How related  
to deceased*Father*

## CAUSES OF DEATH

29

Primary

*Tuberc Meningitis*

How long

*All life*

Immediate

*Malnutrition*

How long

*3 months.*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*H Benge Serimmons*

Address

*Chester town**Md.*

Accident or Suicide?

*No*

J. G. F. Bond chapel

Name  
in  
Full

Elsie Marsh Draka

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

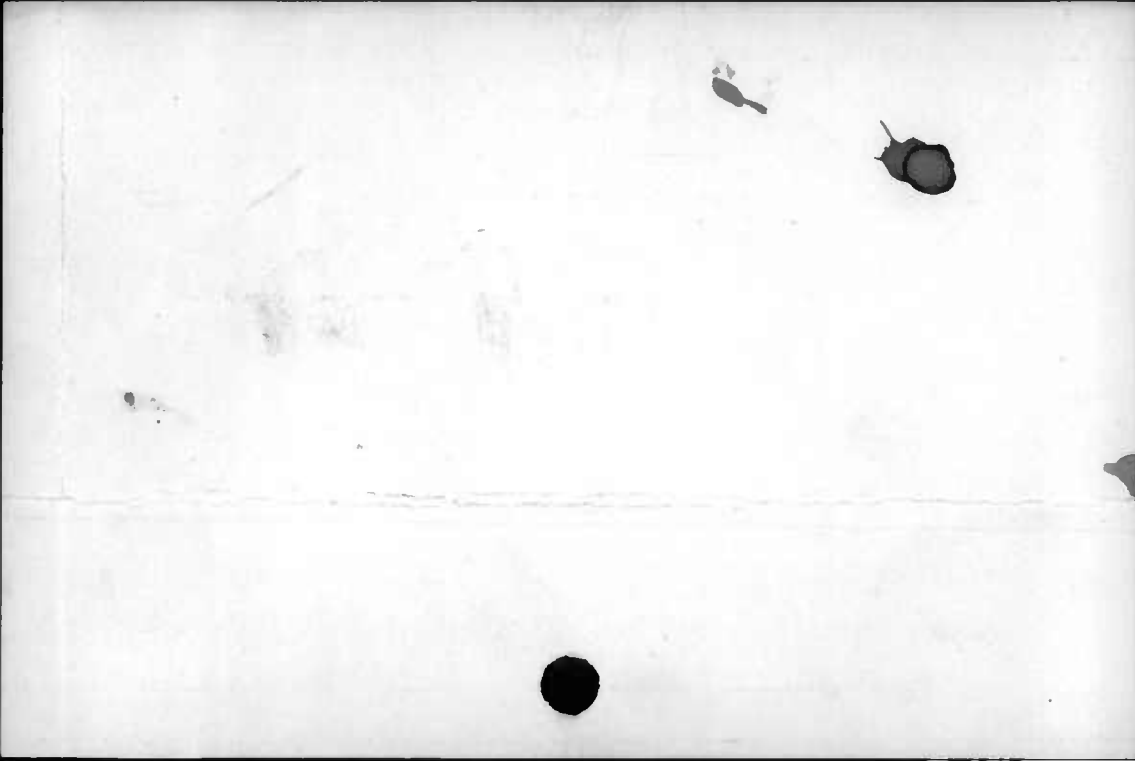
Died at <i>Sassafras</i> <sup>Town</sup>		<i>Kent</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>Nov</i> <sup>Month</sup>	<i>20</i> <sup>Day</sup>	<i>27</i> <sup>Years</sup>	<i>11</i> <sup>Months</sup>	<i>13</i> <sup>Days</sup>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Warwick Md</i>	
Occupation <i>House keeping</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Louis Augustus Draka</i>			
Father's Name <i>Elvas Eccleston Marsh</i>		Father's Birthplace <i>Elkton Md</i>			
Mother's Maiden Name <i>Alice Estelle Hayes</i>		Mother's Birthplace <i>Warwick Md</i>			
Name of person giving information <i>Anna Estelle Marsh</i>		How related to deceased <i>Sister</i>			

## CAUSES OF DEATH

(27)

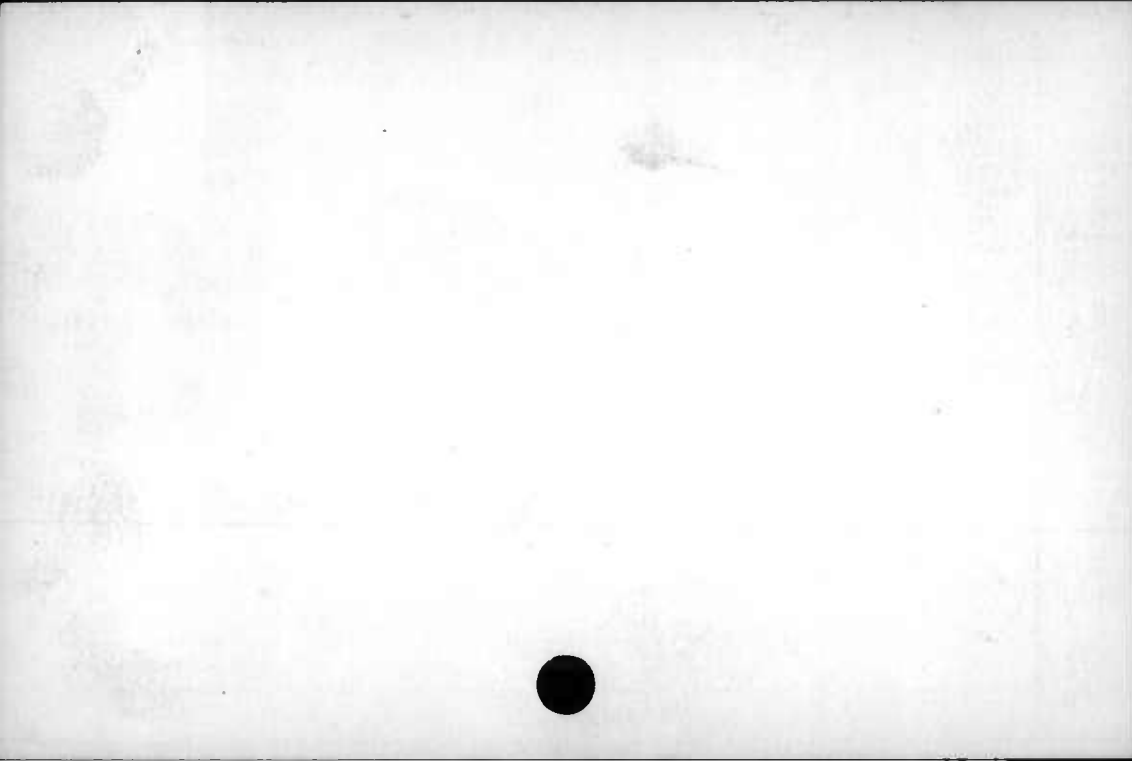
PHYSICIAN  
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>6 years</i>
Immediate <i>Intestinal hemorrhages</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Edward M. Vaughan</i>
	Address <i>Middle town Delaware.</i>
Accident or Suicide?	





Name in Full		James Hanson Glenn				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Piney Creek		Kent		MARYLAND		
	Date of death	1907	Month	Nov	Day	14	Age	Years 38
							Months 4	Days 21
	Sex	Male		Color or Race	White		Birth-place	Kent Co Md
	Occupation	Farmer		Where Residing if not at place of death				
	Married, Single or Widowed	Married		Name of Wife or Husband	Laura E Price			
	Father's Name	William R Glenn				Father's Birthplace	Maryland	
Mother's Maiden Name	Georgeanna Lant				Mother's Birthplace	Maryland		
Name of person giving information	George Glenn				How related to deceased	Brother		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Cancer				How long	two years	
	Immediate	Exhaustion				How long	one week	
	Are the name, age, sex, color, date and place correctly given above?				yes			
	Signature of Physician				N. N. Brall Md			
	Address				Rock Hall Md			
Accident or Suicide?								



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

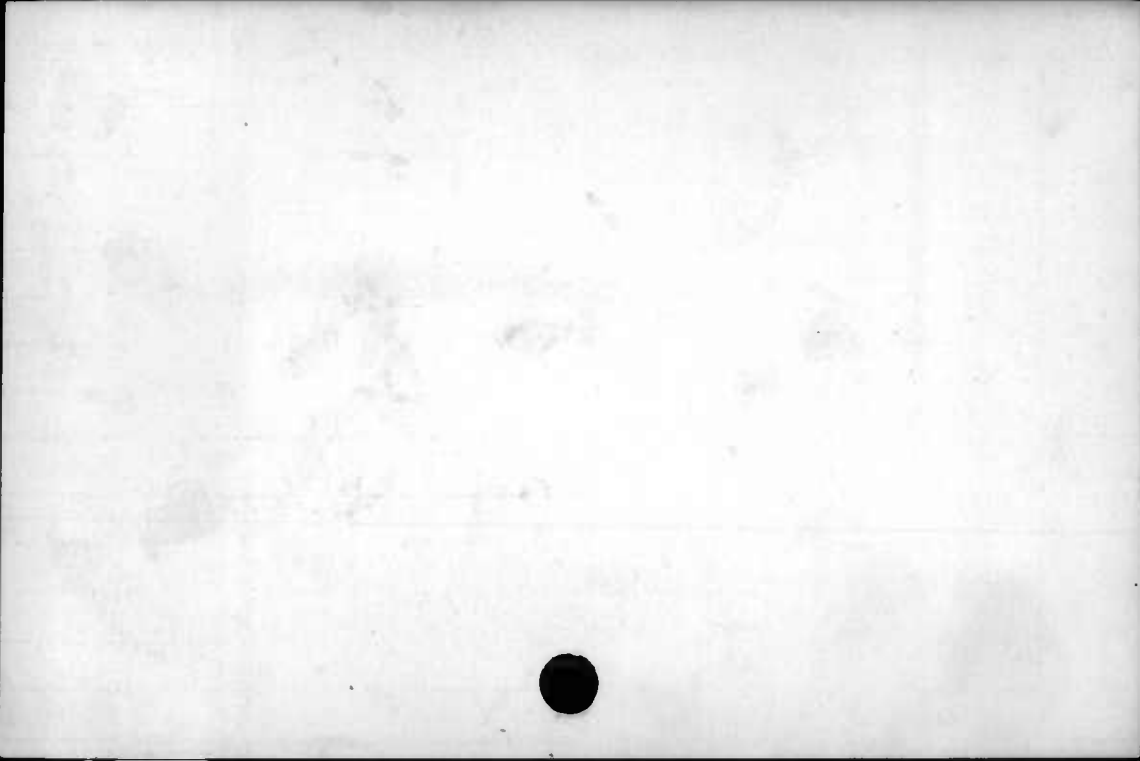
Died at <i>near Fardle</i>		Town <i>Fardle</i>		County <i>Kent</i>		MARYLAND	
Date of death	1907	Month	Nov.	Day	24	Age	69
Sex	Female		Color or Race	White		Birth-place	Ind
Occupation	Housework			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband	Thomas Franklin Jowers			
Father's Name	James Burns				Father's Birthplace	unknown	
Mother's Maiden Name	unknown				Mother's Birthplace		
Name of person giving information	James Jowers				How related to deceased	Son.	

## CAUSES OF DEATH

(66)

PHYSICIAN  
OR CORONER

Primary	<i>Right Hemiplegia</i>		How long	<i>12 hours</i>
Immediate	<i>exhaustion</i>		How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>Frank W. Smith</i>
			Address	<i>Fardle Ind</i>
Accident or Suicide?	<i>No</i>			



Name in Full		Josephine Johnson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Morgantown		County Deed		MARYLAND	
	Date of death	1907	Month Nov	Day 30	Age 36	Years	Months Days
	Sex	Female		Color or Race	Col		Birth-place Md
	Occupation	Housewife		Where Residing if not at place of death		—	
	Married, Single or Widowed	Married		Name of Wife or Husband		Wm Johnson	
	Father's Name	Jackson Norman		Father's Birthplace		Md	
	Mother's Maiden Name	Ellen White		Mother's Birthplace		Md	
Name of person giving information	Husband		How related to deceased				
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(27)</div>							
PHYSICIAN OR CORONER	Primary	Tuberculosis				How long 2 yrs	
	Immediate	Exhaustion				How long several weeks	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician		J. H. [Signature]	
	Address	[Redacted]		Tributown		Md	
Accident or Suicide?	No						

margin

Name  
in  
Full

Stella Johnson

Copied

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Portona</i> Town			<i>Kent</i> County		
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>1</i>	Age <i>24</i>	Years <i>5</i>	Months <i>0</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth place <i>Harford Co.</i>		
Occupation <i>Unemployed</i>	Where Residing if not at place of death <i>Portona Md.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Douglas Johnson</i>				
Father's Name <i>J. W. Bond</i>	Father's Birthplace <i>Harford Co.</i>				
Mother's Maiden Name <i>Mary Eliza Webster</i>	Mother's Birthplace <i>Harford Co.</i>				
Name of person giving information <i>Olive Bond</i>	How related to deceased <i>Brother</i>				

## CAUSES OF DEATH

(79)

PHYSICIAN  
OR CORONER

Primary <i>Cardiac Asthma</i>	How long <i>Recurring attacks for</i>
Immediate <i>Cardiac Asthma with pregnancy</i>	How long <i>4 years according to history</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Benge Simmons</i>
	Address <i>Chester town, Md</i>
Accident or Suicide? <i>no</i>	

J E F Quaker neck



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Millington</i> Town		<i>Kent</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Nov</i>	Day	<i>2nd</i>
Age	<i>90</i>	Years	<i>90</i>	Months	<i>—</i>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birthplace	<i>Green Oaks Co</i>
Occupation	<i>Salvage</i>	Where Residing if not at place of death		<i>Home</i>	
Married, Single or Widowed	<i>Widower</i>	Name of Wife or Husband <i>Hattie A. Kelly</i>			
Father's Name	<i>Not Known</i>			Father's Birthplace	<i>Not Known</i>
Mother's Maiden Name	<i>Not Known</i>			Mother's Birthplace	<i>Not Known</i>
Name of person giving information	<i>Sam F Kelly (son)</i>			How related to deceased	<i>Son</i>

## CAUSES OF DEATH

134

PHYSICIAN  
OR CORONER

Primary

*Old Age*

How long

Immediate

*General Debility*

How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

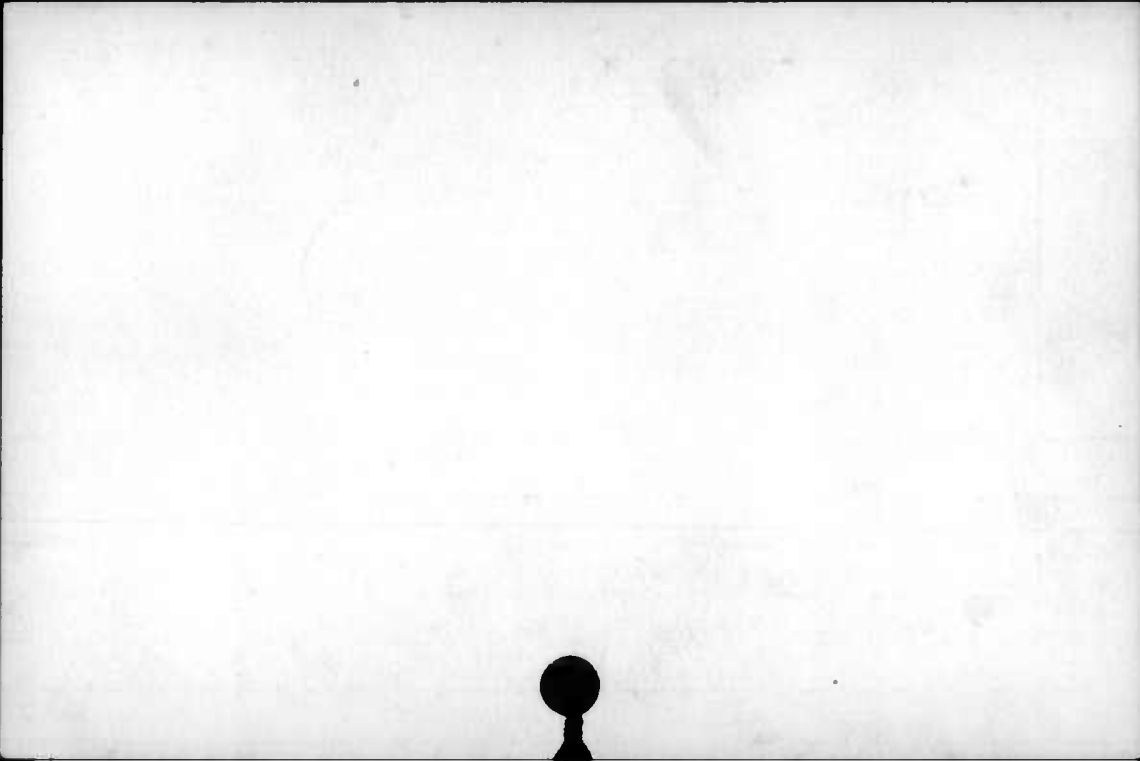
*Chas. D. Townsend*

Address

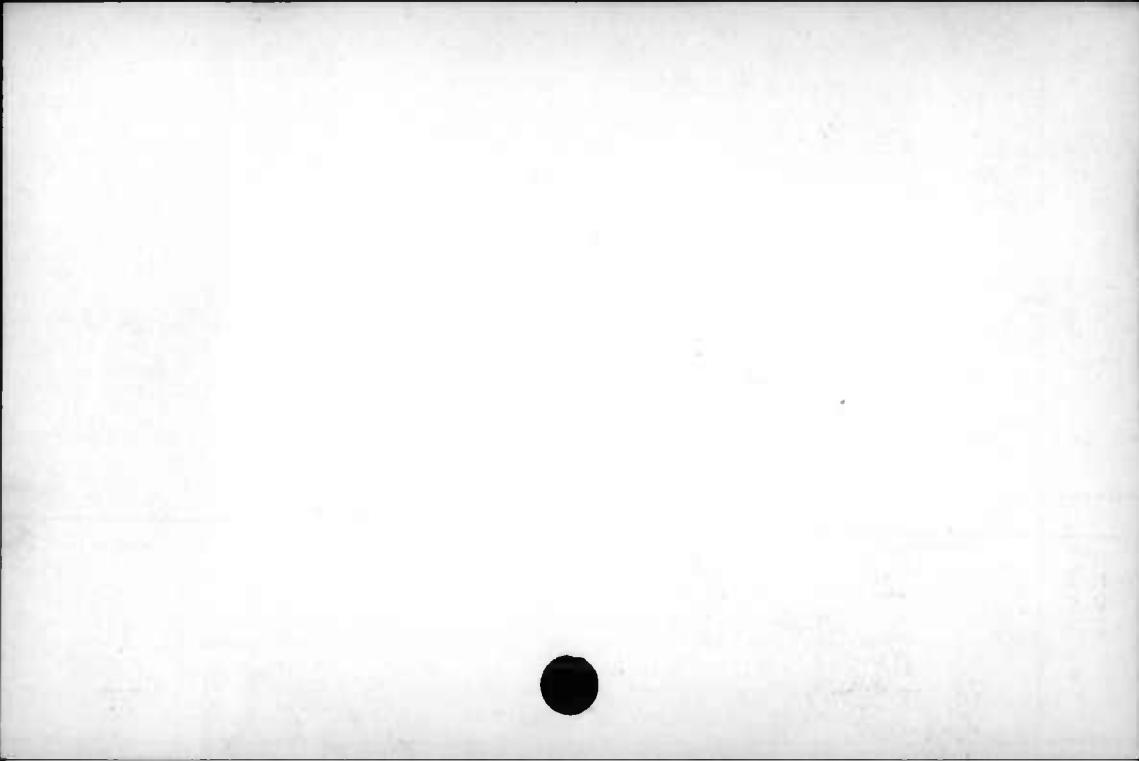
*Millington Ind*

Accident or Suicide?

*Sub Registrar to Bd of Health*



Name in Full <b>George Leary</b>		County <b>Kent</b>		CERTIFICATE OF DEATH	
Died at <b>Edesville</b>		Town <b>Edesville</b>		MARYLAND	
Date of death <b>1907</b>	Month <b>Nov</b>	Day <b>12</b>	Age <b>25</b>	Years <b>25</b>	Months <b>—</b>
Sex <b>Male</b>	Color or Race <b>White</b>	Birthplace <b>Kent Co Md</b>			
Occupation <b>Farmer</b>		Where Residing if not at place of death <b>—</b>			
Married, Single or Widowed <b>Single</b>	Name of Wife or Husband <b>—</b>				
Father's Name <b>James L Leary</b>	Father's Birthplace <b>Kent Co Md</b>		Mother's Birthplace <b>Kent Co Md</b>		
Mother's Maiden Name <b>Martha Burgess</b>	Name of person giving information <b>James L Leary</b>		How related to deceased <b>Father</b>		
CAUSES OF DEATH					
Primary <b>Appendicitis</b>		How long <b>2 days</b>		Immediate <b>Exhaustion</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Walter J. Lee MD</b>		Address <b>Rockville, Md</b>	
Accident or Suicide?					



Name  
in  
Full

Alexander . Mander .

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

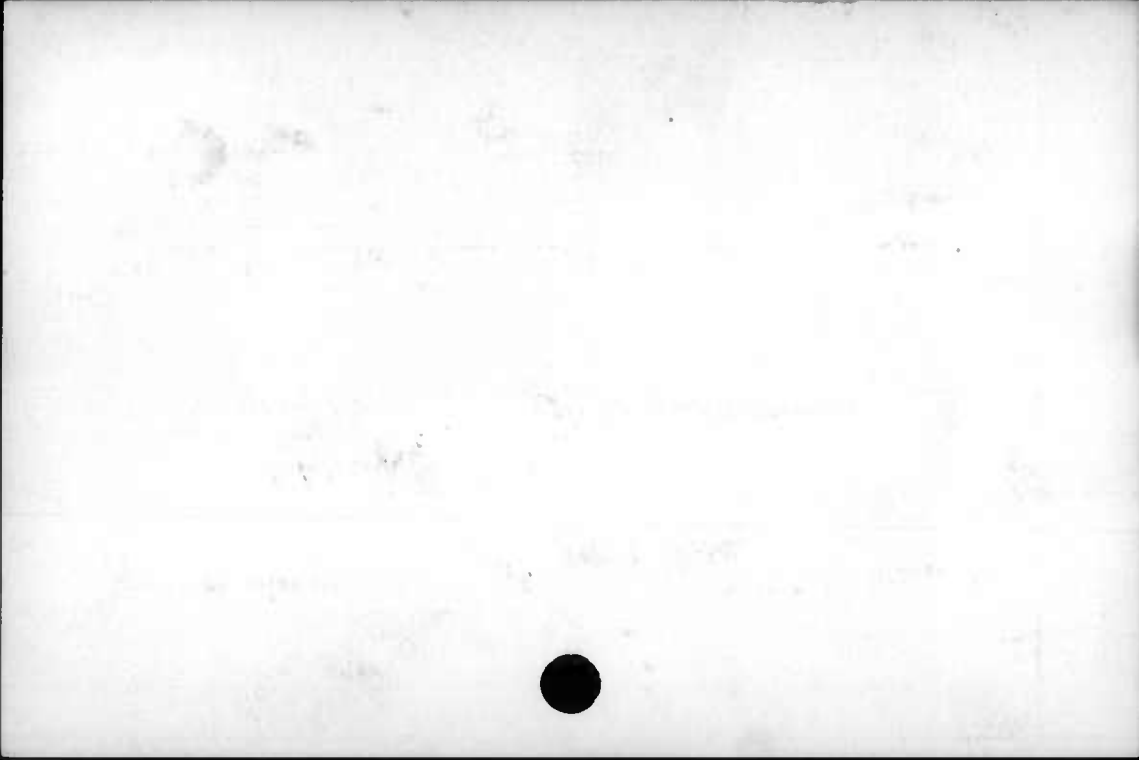
Died at		Town <i>Galt</i>		County <i>Kent</i>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Nov</i>	Day	<i>1</i>	Age	<i>50</i>
Sex		<i>Male</i>		Color or Race		<i>Caucasian</i>	
Occupation		<i>Farm hand</i>		Where Residing if not at place of death		<i>Mid</i>	
Married, Single or Widowed		<i>Married</i>		Name of Wife or Husband		<i>Sallie Oak</i>	
Father's Name		<i>Unknown</i>		Father's Birthplace		<i>Unknown</i>	
Mother's Maiden Name		<i>Unknown</i>		Mother's Birthplace		<i>Unknown</i>	
Name of person giving information		<i>Wife</i>		How related to deceased			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis - Lungs</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Wm. J. L. M.</i>	
Address		<i>Wilmington Md</i>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

Richard F. Moffett

Town  
Horton

County  
Kent

MARYLAND

Died at  
Date of death 1907 Nov 20 Age 81 6 Months 6 Days

Sex Male Color or Race White Birth-place Kent Co.

Occupation Farmer Where Residing if not at place of death Horton

Married, Single or Widowed Married Name of Wife or Husband Annie Moffett

Father's Name Richard Moffett Father's Birthplace Kent Co

Mother's Maiden Name Louisa Moffett Mother's Birthplace Kent Co

Name of person giving information Annie Moffett How related to deceased Wife

CAUSES OF DEATH

79

Primary Anasarca of the Valves How long Several Years

Immediate Heart Failure How long Instantly

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H. Benge Simmons

Address Chaptown, Md.

Accident or Suicide? No

TO BE ANSWERED BY  
NEAREST FRIEND

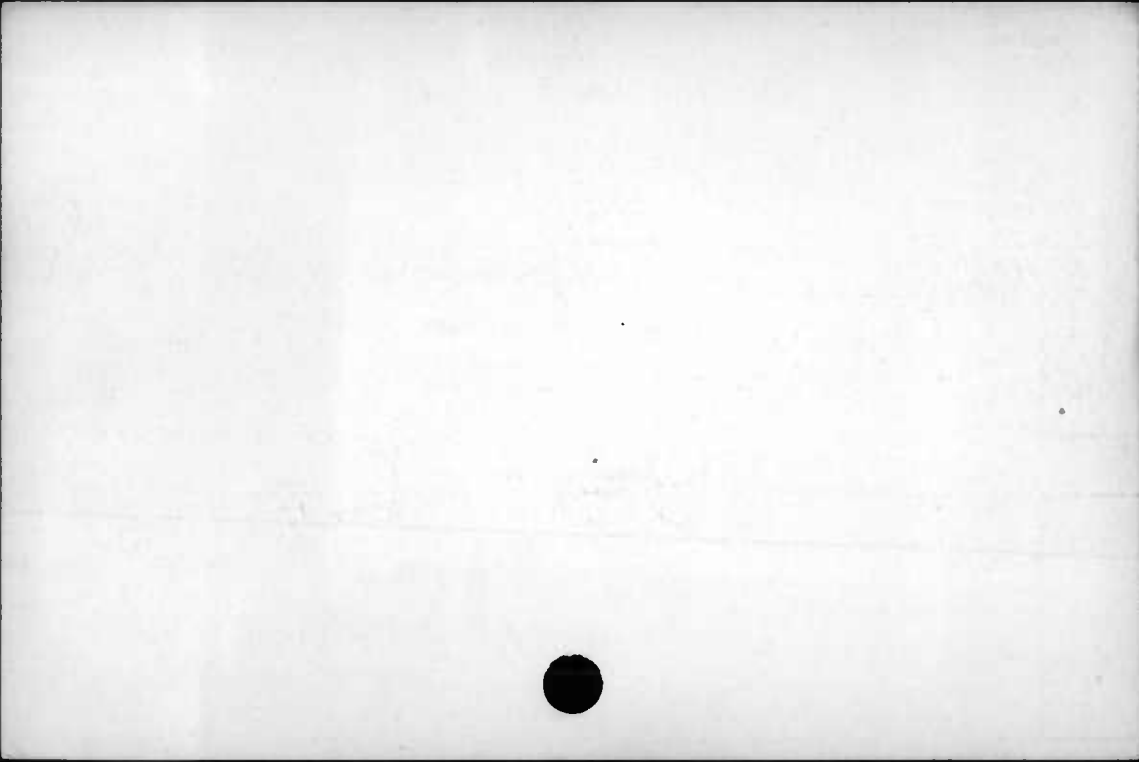
PHYSICIAN  
OR CORONER

Kennedyville



Name		Richard Spencer Wicker				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Rock Hall, <sup>Town</sup>		Kent <sup>County</sup>		MARYLAND	
	Date of death		1907	Month	Nov	Day	25	
	Age		5-4		Years		Months	
	Sex		Male		Color or Race		White	
	Birth-place		Kent Co		Where Residing if not at place of death		Near Rock Hall	
	Occupation		Unemployed-Invalid		Married, Single or Widowed		Single	
	Name of Wife or Husband		James P. Wicker		Name of person giving information		C. C. Wood	
	Father's Name		James P. Wicker		Father's Birthplace		Maryland	
Mother's Maiden Name		Miss Spencer		Mother's Birthplace		Maryland		
Name of person giving information		C. C. Wood		How related to deceased		Neighbor		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Mitral Valve Lesion -			How long		I have known him 18 months
	Immediate		Mitral Insufficiency			How long		2 days
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			A. Bryner Simmons	
	Yes			Address			Chestertown	
	Accident or Suicide?			No			Md.	

79



Name  
is  
Full

*Lennie Wilson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Obsolete Kent</i>		County		MAYLAND	
Date of death <i>1907</i>	Month <i>11</i>	Day <i>21</i>	Age	Years	Months <i>16</i> Days
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>John Wesley Wilson</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Wesley Wilson</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>John Wesley Wilson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

**93**

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long <i>10 days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. W. H. Jacobs</i>
		Address <i>Millington Ind</i>
Accident or Suicide?		

